U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT Office of Management and Budget No. 1215-0188

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

Expires: 11-30-2002

	READ THE	NSTRUCTION	ONS CAREFULLY BEFOR	E PREPAR	ING THIS REPORT.	
For Official Use Only	1. FILE NUMBER	2. PERIOD	COVERED MO DAY Y	EAR	(a) AMENDED — If this is an amended report correct filed report, check here:	ting a previously
A CORDA	0 0 6 -3 6 7	From	0,1 0,1 2.0	0.0	(b) TERMINAL — If your organization ceased to existerminal report, see Section XII of the instructions	t and this is its and check here:
		Through	12.31 20	0 C	(c) SUBSIDIARY — If this is a report for a subsidiary your union as defined in Section X of the instructi	organization of ons, check here:
			8. MAILING ADDRESS	(Type or pri	int in capital letters.)	
IMPO	<u> PRTANT</u>		First Name			
	-		DENNIS			
Peel off the address label and place it here.	from the back of the pack	age	Last Name			
If the label information is correct	ot leave Items 1 through 9 blo	nk	M C S P E D) O N		
	· ·	IIK.	P.O. Box • Building and I	Room Numb	ber (if any)	
If any of the label information is incorrect, complete Items 4 through 8.						
			Number and Street			
4. AFFILIATION OR ORGANIZATION N	AME		1 5 8 - 1 1	H -	VA JR AVE	
INT'L BROTHERHOOD OF		S				
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION): G		
LOCAL 7. UNIT NAME (if any)			FLUSHI	i G		
			State ZIP Code +	4		
 Are your organization's records kept a (If "No," provide address in Item 75.) 	at its mailing address?	No	NY 113	65 -	~	
75. ADDITIONAL INFORMATION (If mo	re space is needed, attach additio	onal pages p	properly identified.)			
Item Number						
THAM NOP	MAL OPERATING PURPO	SES. AL	L OF OUR EXPENS	SES BEN	VIDUAL MEMBERS FOR OTHER EFIT THE ENTIRE UNION FOR SPECIAL PURPOSES.	
VARIOUS S E E	ATTACHEZ) S	CHEDULE	3		
Each of the undersigned, duly authorized in any accompanying documents) has been	officers of the above labor organizaten examined by the signatory and i	ion, declares s, to the bes	s, under the applicable pena t of the undersigned's know	Ities of law, t ledge and b	that all of the information submitted in this report (including the belief, true, correct, and complete. (See Section VI on penal)	ne information contained ties in the instructions.)
76. SIGNED:		PRE	SIDENT 77. SIGNI	E SUL	anello Jackson	TREASURER
3 727/01	1 2)5 9 1-4 0 0	(If ot	ther title, instructions.) 3	127	(7 1 8) 5 9 1-4 C C C	(If other title, see instructions.)
Date	Telephone Number			Date	Telephone Number	
orm LM-2 (Revised 2000)			2 - 1			Page 1 of 12

During the Reporting Period Did Your Organization: 10. Have a "subsidiary organization" as defined in		No	org	w many members d anization have at th orting period?		3 2 2 7 6
Section X of the instructions?	<u> </u>	-		at is the date of you		<u></u>
Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	 22		20. Wh	•	amount recoverable in's fidelity bond ny officer or	1 0 0 0 0 0 0
12. Have a political action committee (PAC) fund?		<u>Z</u>	(En		ation's rates of dues a I maximum if more thai	n one rate
Acquire or dispose of any goods or property in any manner other than by purchase or sale?	-	\overline{X}	(a)	Regular Dues/Fees	Rates of Due \$ _9.69/29.40 per_	
Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	 X		. ,	Initiation Fees Transfer Fees	\$ 10.00/301.00 \$ None	
15. Discover any loss or shortage of funds or		*7	(d)	Work Permits	\$ None per_	(Month, Year, etc.)
other property?(Answer "Yes" even if there has been repayment or recovery.)	-	<u>X</u> .	hav (oth	e any changes in it ner than rates of du	eriod, did your organiz is constitution and byla es and fees) or in prac e instructions?	ws Yes No tices/ — —
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor	-	X	(If t atta	he constitution and ach two new dated o	bylaws have changed copies. If practices/ ged, see the instructio	,
organization or of an employee benefit plan?		: X.	as s	security or encumb	nization's assets pledo ered in any other way ting period?	
disbursement of cash?	<u> </u>	. V.	24. Did liab	your organization lilities at the end of	have any contingent the reporting period? .	<u>X</u>
(If the answer to any of the above questions is "Yes," provide in Item 75 on page 1 as explained in the instructions for each				nswer to Item 23 or on page 1.)	r 24 is "Yes," provide de	etails in

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 C 6 _ 3 6 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

•	oug o Belore ounipletting ottatement A			
	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		1669716;	2516569
	26. Accounts Receivable		217933	2 4 9 2 4 6
ETS	27. Loans Receivable	1 1 .	<u> </u>	2
ASSETS	28. U.S. Treasury Securities		ε 6 0 4 9 C ε	7 7 6 1 1 2 9
	29. Investments	2		
	30. Fixed Assets	5	5 6 4 2 0 6 	612470
	31. Other Assets	3	2 6 6 6 2 . 	8 3 1 3 7
	32. TOTAL ASSETS			2 2 5 0 3 1 6 9
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		1 6 6 2 6 3	3 4 1 2 5 0
TES	34. Loans Payable	8	<u> </u>	0.
LIABILITIES	35. Mortgages Payable	-	C	<u> </u>
LIA	36. Other Liabilities	4	7 0 0 5 9 5	1 2 5 7 5 3 3
	37. TOTAL LIABILITIES		8 2 6 8 5 <u>4 1</u>	5 5 6 6 6 2
	38. NET ASSETS (Item 32 less Item 37)	 : :-	1 6 3 7 3 4 9 4	21008288

Form LM-2 (Revised 2000)

5 - 3

Page 3 of 12

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 0 6_ 3 6 7

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

item	CASH RECEIPTS	From SCH #		CASH DISBURSEMENTS	From SCH #	AMOUNT
39. E	Oues		2 4 2 8 4 4 6	56. To Officers	. 9	3 1 9 0 0 1
40. F	Per Capita Tax		C	57. To Employees	. 10	2399760
41. F	Fees		198462	58. Per Capita Tax		Ĉ
42. F	ines		3 6 1 0	59. Fees, Fines, Assessments, etc		C
43. A	Assessments		1 1 1 3 4 5 5 4	60. Office & Administrative Expense	. 13	1 2 4 3 9 1 0
44. V	Vork Permits		Ĉ	61. Educational & Publicity Expense		3 0 6 3 5 4
45. 5	Sale of Supplies		C	62. Professional Fees		5 3 1 6 8 8
46. lı	nterest		1019001	63. Benefits	. 11	2183613
47. E	Dividends		1 8 9 8 7	64. Contributions, Gifts & Grants	. 12	3 1 9 6 0
48. F	Rents		2 0 4 9 2 9	65. Supplies for Resale		C
49. S	Sale of Investments & Fixed Assets	6	107388242	66. Direct Taxes		3 1 0 1 6 5
50. L	oans Obtained	8	C	67. Withholding Taxes		9 6 4 4 8 4
51. F	Repayments of Loans Made	1	3	68. Purchase of Investments & Fixed Assets	7	1 4 3 1 3 5 8 4
52. C	On Behalf of Affiliates for ransmittal to Them		7 1 7 8 3 9 7	69. Loans Made	. 1	0
53. F	From Members for Disbursement on Their Behalf	:	C	70. Repayment of Loans Obtained	. 8	Ĵ
54. C	Other Receipts	14	161336	71. To Affiliates of Funds Collected on Their Behalf		7 6 5 0 6 3 8
				72. On Behalf of Individual Members		Ĉ
				73. Other Disbursements	. 15	2002746
55. T	OTAL RECEIPTS		3 3 1 5 3 6 4 4	74. TOTAL DISBURSEMENTS		3 2 2 3 6 9 6 3

Form LM-2 (Revised 2000)

2 - 4

Page 4 of 12

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 10 10 16 1 3 16 17

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

Enter the Totals from Line 6 in	Column (A)	ltem 69	1tem 51	with Explanation	Column (B)
Enter the Totals from Line 6 in	 	· ···· · ·	<u>^</u>		Δ
5. Totals of Lines 1 through 5		· · · · · · · · · · · · · · · ·	C		
5. Totals of loans not listed above	C	0	C	0	(
4. Totals from additional pages (if any)	Ç	0	Ĉ	С	C
Terms of Repayment:					
Security:					
Purpose:					
3. Name:					
Terms of Repayment:					
-					
Security:					
Purpose:					
2. Name:					
Terms of Repayment:					
Security:					
Purpose:					
1. Name:					
business enterprises regardless of amount. (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Outstanding at	Loans Made		ived During Period	Loans Outstanding at



SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

 FILE NUMBER: VIV	U-0'_ 3! 0.
	1 i :

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities 1. Total Cost	11310347
2. Total Book Value	11383616
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) SEE ATTACHED	SCHEDULE
(b)	
(c)	
(d)	
Other Investments 4. Total Cost	G
5. Total Book Value	9
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	2538134
7. Total of Lines 2 and 5	1 1 3 8 3 6 1 6
Enter the Total from Line 7 in	्रे ltem 29, Column (B)

Description (A)	Book Value (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	· • • • • • • • • • • • • • • • • • • •
6. Total from additional pages (if any)	80137
7. Total of Lines 1 through 6	8 0 1 3 7
Enter the Total from Line 7 in	∱ Item 31, Column (B)

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. SEE ATTACHED SCHEDULE	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	1257633
7. Total of Lines 1 through 6	1, 2, 5, 7, 6, 3, 3,
Enter the Total from Line 7 in	습 Item 36, Column (D)

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 0 6 _ 3 6 7

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				<u> </u>
2. Totals from additional pages (if any)	287000		287000	N/A
3. Buildings (give location):				
4. Totals from additional pages (if any)	555483	431100	124338	N/A
5. Automobiles and Other Vehicles	C	С	С	li/A
6. Office Furniture and Equipment	655663	544710	110958	M/A
7. Other Fixed Assets	455960	365834	90124	N/A
8. Totals of Lines 1 through 7	1954116	1341644	6 1 2 4 7 2	
Enter the Total from Line 8, Column (D) in			€ Item 30, Column (B)	<u></u>

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. SEE ATTACHED SCHEDULE				
2.				
3.				
4.				
5. Totals from additional pages (if any)	10850821	10850821	10788242	10788142
6. Totals of Lines 1 through 5	10850821	10850821	10768242	10788242
		7. Less Reinvestments 8. Net Sales		C
				8 8 2 4 2
Enter the Total from Line 8 in				் tem 49

Form LM-2 (Revised 2000)

2 - 7

Page 7 of 12

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 6 - 3 6 7

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. SEE ATTACHED SCHEDULE			
2.			
3.			
4.			
5. Totals from additional pages (if any)	14313564	14313584	14313584
6. Totals of Lines 1 through 5	14313564	14313584	14313584
	7. Less Reinvestments		
	8. Net Purchases	14	3 1 3 5 8 4
Enter the Total from Line 8 in			∱ tem 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any	Loans Owed at	Loans Obtained	Repayment Mad	de During Period	Loans Owed at
Time During the Reporting Period (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	End of Period (E)
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any))	9	0	3	0
6. Totals of Lines 1 through 5	· · · · · · · · · · · · · · · · · · ·	0	0	5	0
Enter the Totals from Line 6 in	企 	ि Item 50	<u>ी</u> Item 70	☆ ltem 75with Explanation	ু Item 34 Column (D)

2 - B

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 € € ±, 3 € 7

(A) Name (List all persons who held office during the reporting parties they received no salary or other disbursements. Use	period even if all capital letters.)	Gross Salary (before taxes a	and						seme officia		Other						
(B) Title (Enter title of officer, such as PRESIDENT or TREASU	Status (C)*	other deduction (D)	ns)	Ai	lowan (E)	ces	1		ines: F)	3	Disburseme (G)	ents			Tota (H)		
Last Name First Name			^		-			^	. 1	-							
1. VAN ARSDALE T.		8 8 5 5	9			C		<u>u</u> 2	4 1	4		0		9.	1 :	∂ 7	Ţ
THE BUS. MGR.	Status																
Last Name First Name	 				_												_
2. M O S P E D O K D .		8 5 9 2	1	2 :	3 4	0 0	1	1 ~	7 6	8		0	1	2	1 (6 C	Š
Title PRESIDENT	Status (•				-	
Last Name First Name			··	 			 			•							_
3.BRUZZESE S.	_		9			C		5 3	6 9	5		С			5 3	<i>E</i> 9	-6
THE VICE PRESIDENT	Status 🗇																
Last Name First Name				 													
4.MARCHELL 5.		\$ 5 9	-		3 4	9 5	-	5 3	3 3	ŧ		0	_	2	<u> </u>	€ 5	7
Title F I N . S E C ' Y	Status										 - -						
Last Name First Name							<i>.</i>										
Last Name First Name 5. JACKSON L.		1 3 0	0			C		1 (5 1	8		С			2 9	9 1	8
THE TREASURER	Status (
Last Name First Name					-		<u> </u>										_
6.BECHTOLD J.		8 3 2 8	3	9	3 4	0 0		_ 6	5 2	8		0	_	0	3 3	3 1	_
Title REC.SEC!Y	Status C	•			_				~						-		
Last Name First Name																	_
7.			0			Ĵ				2		0					C
Title	Status	-											· 				
8. Totals from additional pages (if any)			0			0				C		0					
9. Totals of Lines 1 through 8		34498	3 4		702	200.		4	543	50		0			4.6	064	
							10.	Les	s De	educ	ctions		1 4	1 1	. 6	4	3
Enter the Total from Line 11 in				Ite	m 56	\Box	11.	Net	Dis	burs	sements		3 :	<u> </u>) 0	C	_
*Code for Status (C): past officer — P; continuing officer	r — C; new office	r during the report	ting	period	— N.		(If any	office	er was	not	elected at a regul stitution and bylaws	lar ele	ection	in ac	corda	эпсе w	ith

Form LM-2 (Revised 2000)

2 - 9

Page 9 of 12

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 0 6 = 3 6 7

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other			
(B) Position (Enter employee's job title.)	other deductions)	Allowances	Business	Disbursements	Total		
(C) Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(G) (H)		
Last Name First Name 1.	8 5 9 2 2	2 3 4 9 0	9176	9	1 1 8 4 9 8		
Position ASST.BUS.MGK. Name of Affiliated N/A Organization							
Last Name First Name							
2. O ' H A R A	3 8 3 3 3	Э	9	S	38333		
Position ASST. BUS. MGR. Name of NAME of NAME of Organization	·						
Last Name First Name							
3. DANNISTRACI S.	3 7 1 4 2	12420	C	0	4 9 5 6 2		
Position BUS. REP.							
Name of Affiliated Organization							
Last Name First Name							
4. C O H E H H	83282	2 3 4 0 0	1 1 6 9 9	· · ·	112381		
Name of 7 Affiliated 9 Organization							
Last Name First Name							
5. DAUR I	8 3 2 8 2	23400	5 3 5	C	1 3 7 2 1 7		
Position BUS. R.E.B.							
Name of Annual A							
6. Totals from additional pages (if any)	2697092	507330	48733	C	3253215		
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	51135	C	Ĉ	C	51135		
8. Totals of Lines 1 through 7	3076188	589980	71203	0	3737341		
			9. Less Deduc	etions	3 3 7 5 6 1		
Enter the Total from Line 10 in	***************************************	Item 57 🖒	10. Net Disburs	ements 2	3-9-3-7-3-0		

Form LM-2 (Revised 2000)

5 - 70

Page 10 of 12

SCHEDULE 11 — BENEFITS

í	FILE NUMBER:	<u> </u>		<u></u> [_	[3	5	7 !
			_				

Description (A)	To Whom Paid (B)	Amount (C)
1. SEE ATTACHED SCHEDULE		
2.		
3.		
4.		
5. Total from additional pages (if any)		2183813
6. Total of Lines 1 through 5		2163613
Enter the Total from Line 6		्रि Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)					
1. SEE ATTACHED SCHEDULE						
2.						
3.						
4.						
5.						
6.						
7. Total from additional pages (if any)	1243910					
8. Total of Lines 1 through 7	2 4 3 9 ± C					
습 Enter the Total from Line 8 inItem 60						

Form LM-2 (Revised 2000)

2 - 11

Page 11 of 12

SCHEDULE 14 — OTHER RECEIPTS

Description Amount (B) (A) SEE ATTACHED SCHEDULE 2. 3. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 161936 16. Total from additional pages (if any) 161336 17. Total of Lines 1 through 16 Enter the Total from Line 17 in ltem 54

SCHEDULE 15 — OTHER DISBURSEMENTS

OTHER DISBURSEIVIENTS							
Description (A)	Amount (B)						
1. SEE ATTACHED SCHEDULE							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16. Total from additional pages (if any)	2002746						
17. Total of Lines 1 through 16	2002746						
Enter the Total from Line 17 in							

ORGANIZATION NA	ME:					
INT'L	BROTHERESCO	OΓ	ELECTRICAL	MORKERS	LOCAL	#
ENDING DATE OF F	PERIOD COVERED: 12-	31-	- 00	-		

FILE NUMBER: 0 0 6 - 3 6 7

PAGE 9 OF 26 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received in from your organization and any aff (B) Position (Enter employee's job title.)	•		Allowances	Disbursements for Official Business	Total	
(C) Name of Affiliated Organizatio	n (if applicable)	(D)	(E)	(F)	(H)	
Last Name	First Name					
DEALBERO	<u> </u>	7 6 6 8 8	2 3 4 C C	1688	<u> </u>	<u>110 1 7 7 6</u>
Position BUS. RE.					-	
Name of Affiliated Aff						
Last Name	First Name					
ERIFSON	C .	84501	2 3 4 6 6	9 3 0 2	_0_	1 1 7 2 0 3
Position 3 U.S. R.E.	⊋ •					
Name of Affiliated 1.7 / A Organization 2.7 / A	·					
Last Name						
GCRE	<u></u>	8 3 2 8 2	2 3 4 0 0	<u> </u>	<u>C</u>	106926
Position BUS - RE I						,
	First Name	am to deferme a a compressión has a secuencia		***		
GRIFFITH	D .	8 1 8 6 7	2 3 4 C :0	6,7,0 <u>4</u>	<u> </u>	111391
Position B U S . R E	P •			:		
Name of Affiliated 1. / In Organization	***					
Last Name,	ì		n an amountain money.			
	M .	83282	23455	2 0 5 1	<u> </u>	108733
Position B U S . R E]	P .					
Name of Affiliated Organization						
	Totals					

3

ORGANIZATION NAME: INT L BROTHERS	GOD OF	ELECTRICAL	WORKERS	LCCAI	. #	
ENDING DATE OF PERIOD COVERED:	10-31-	- 0 C				

FILE NUMBER:	0	C	⊹ —	3	ε	-

PAGE ____OF ____ADDITIONAL PAGES

(A) Name (List all employees from your organizat	who received more than \$10,000 in total disburseme ion and any affiliates. Use all capital letters.)			Disbursements for Official	Other	
(B) Position (Enter employee	's job title.)	other deductions)		Business	Disbursements	Total
(C) Name of Affiliated C	rganization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name	()	5	0	(
Position		-				
Name of Affiliated Organization						
Last Name	First Name		3))	9	
Position	;			·		
Name of Affiliated Organization						
Last Name	First Name	- (0	0	C	
Position						
Name of Affiliated Organization						
Last Name	First Name	-) 0		0	
Position		-			•	
Name of Affiliated Organization						
Last Name	First Name		ĵ	0	. 0	
Position	•				-	
Name of Affiliated Organization						
	Totals					

ORGANIZATION NAME:
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 7

PAGE 10 of 26

ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

	ed more than \$10,000 in total disbursements		oss S			()				Disbu	Irser	nents	T				•		-
(A) Name (List all employees who receive from your organization and any	· · · · · · · · · · · · · · · · · · ·	(0000	re ta	xes a	and						Offic		1	Othe	r				
(B) Position (Enter employee's job title.)		othe	r ded		ns)	A		ance	es	Βι	ısine	SS	Disl	ourser	nents			lotal	
(C) Name of Affiliated Organiza	tion (if applicable)		(D)	+			(E)			(F)			(G)				(H)	
	First Name			v				. ب. س.،				···-	 					******	
ENESCN	W. Same Standard Francis Francis	8	3 .	2 8	2	Ź	3	4 0	, 0			C	<u> </u>		Û		C	6 6	8.
	E F										•								
Affiliated / A																			
Last Name	First Name																•		
KORMAN	Ī.	Ę	(3)	2 8	3	2	3	4 0	; (3	5 0	ĺ		Э	-	C	. 0	3 .
Position B IJ S . P	र छ ्								,				1						
Name of																			
	First Name						· ~-	-			.,								
LOPEZ		3	3 3	_ 8	3	2	3	4.0	,)	5	5	2 3	l		. C	1	1 :	2:2	0
Name of Affiliated Aff	First Nama																		
MCELROEN	V	8	3 3	2 8	3	2	3.	<u>4</u> - 0	, C	. 5	. <u>1</u>	3 7			C	1	٠ - ٠	18	2 -
	E F .						-				V					,=		~ ,	
Affiliated 1: / 2																			
Last Name	First Name																		
MCSPEDON	Daniel	ĉ	3 (3 8	2	2	3	4 0	C			Э			0	_	C i	5 8	8 2
Position BUS. RE	5 P .										-								
Name of Affiliated Affiliated Organization																			
	Totals																		•

Form LM-2 (Revised 2000)

ORGANIZATION NAME: BROTHERHOOD OF	ELECTRICAL	VORKERS	LOGA	. #	
ENDING DATE OF PERIOD COVERED: $2-31$	-00	•			

	\sim	\sim	6	3		-
FILE NUMBER:	U	U	c —	0	C	- 1

PAGE ____OF ____ADDITIONAL PAGES

(A) Name (List all empl	loyees who received more than \$10,000 in total disbursement ganization and any affiliates. Use all capital letters.)	ts Gross Salary	(13113131313131313131313131313131313131	Disbursements		· "··
(B) Position (Enter em		 (before taxes and other deductions) 	Allowances	for Official Business	Other Disbursements	Total
· · · · · · · · · · · · · · · · · · ·	ted Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name	С)	0	0	
Position						
Name of Affiliated Organization	-					
Last Name	First Name	0	0			
Position	•			_	_	
Name of Affiliated Organization	·					
Last Name	First Name	0	0)	
Position		<u> </u>			<u>.</u>	
Name of Affiliated Organization						
Last Name	First Name	^.	0	 0	C	
Position		·	-			
Name of Affitated Organization	-					
Last Name	First Name		0		0	
Position			Č		Ŭ.	
Name of Affiliated Organization	·					
······································	Totals	-				

 FILE NUMBER: 0 0 6 - 3 6 7

ADDITIONAL PAGES

PAGE 11 OF 26

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received from your organization and any	d more than \$10,000 in total disbursements affiliates. Use all capital letters.)	Gr (befo		alary ces ar							eme fficia		C	ther					
(B) Position (Enter employee's job title.)				uction		Allo	wai	nces			ness		Disbu		ents		7	otal	
(C) Name of Affiliated Organizat	ion (if applicable)		(D)				(E)			(F	=)			(G)				(H)	
Last Name	First Name										~ ~~								
MÇSPEDON		8	3 2	. 8_ :	3 2	3	4.	99.		_2	9.	0			<u></u> C	1	<u>C</u> 6	8	8 3
Position B U S . R E	·																		
Name of Affiliated Affiliated P. P. Organization	- ·																		
Last Name	First Name																-	-	
NICECLS	R .	7	8 6	ŝ	€ .	3	4	0 0		3 5	_	-			0	-	0 3	ē	9 1
Position B T S . R E									-										
Name of Affiliated Organization	j																		
Last Name	First Name						-						~ ·/	,					
CLENICK	R	.7	<u>5_</u> 6	g	e	2_3	4	00		1 1	1	2	-	; 	0	<u>-</u> :.	0 1	2	0 (
	- -																		
Last Name	First_Name																		
RYAN	P .	.8	3_2	_ 8:	3 .	2 3	4	0 0		3	7	Û.			C	1	<u>C</u> 7		5 .
	P																		
Last Name,													,						
SCIARA	- ·	8.7	3 2	_ §	3 [<u>:</u> 3	4	0.2		1 6	4	0				1	C E	3	2 .
Position B U S . R E																			
Name of Affiliated 1																			
	Totals																	•	

Form LM-2 (Revised 2000)

ı	ORGANIZATION NAM					
ı	INT'L	BROTHERHOOD	QΞ	ELECTRICAL	WORKERS	ĹO

ENDING DATE OF PERIOD COVERED:

HILE MUMBER:	v	ŗ	Ĵ	C	

PAGE ____OF ___ADDITIONAL PAGES

	ees who received more than \$10,000 in total disbursements nization and any affiliates. Use all capital letters.)	1001010 100100 0110		Disbursements for Official	Other	· • · · ·
(B) Position (Enter emplo		other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated	d Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name	0 }	9	- 0	9	
Position			•			
Name of Affiliated Organization						
Last Name	First Name	C	. · · · · · · · · · · · · · · · · · · ·	0	0	
Position	· · ·	-			·	
Name of Affiliated Organization	-					
Last Name	First Name)	. <u>.</u>	0	
Position			·			
Name of Affiliated Organization						
Last Name	First Name	 O	O		0	
Position	·	J		Ÿ	·	
Name of Affiliated Organization	-					
Last Name	First Name	C	C	<u> </u>	r	· · · · ·
Position	-	C _.	-	, ,	· · · · · · · · · · · · · · · · · · ·	5
Name of Affiliated Organization	-					
·	Totals					

ORGANIZATION NAME:		
THT'L BROTHKRHOOD OF ELECTRICAL WORKERS 100	<u> </u>	. 3
ENDING DATE OF PERIOD COVERED.		

FILE NUMBER: 0 0 6 - 3 6 7

PAGE 12 OF 26 ADDITIONAL PAGES

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)	Gross Salary (before taxes and	(commusu)	Disbursements for Official	Other	
(B) Position (Enter employee's job title.)	other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name First Name					
SCOTLAND.	7 6 6 8 8	2,3,4 0,0,	1610		101698
Position B U S . R E B .					
Name of Affiliated / Organization /					
Last Name First Name					
VAN ARSDADE I.	8 3 2 8 3	23400	4 5 5 4	C	1 1 1 2 3 7
Position BUS. REP.		:			
Name of Affiliated Organization					
Last Name First Name					
R.C.B.S.O.N.	. 5. 5 2. 1 . 5.	17910	.1 1.6 4	<u> </u>	74289
Position BUS. RED.					
Name of Affiliated 1: / Affili					
Last Name First Name					
MCCANN A.	<u> 75353</u>	2 2 4 1 0	<u> 2 3 1 9</u>		1.C 1 C 8 2
Position BUS. REP.			-	•	
Name of Affiliated]. / A Organization			:		
Last Name , First Name					
WHALEN K.	8 3 2 8 3	23400	3 1 4	C	107497
Position BUS. REP.		;			
Name of Affiliated 기 / 골 Organization					
Totals					

ORGANIZATION NAME: INT. L ERCTHERHOOD	OE	ELECTRICAL	FORKERS	LOCAL	#	
ENDING DATE OF PERIOD COVERED.	C 4	0.6				

FILE NUMBER:	Э	C	6 —	3	ε	7
I ILL INCINIDEIT.	J	\cdot	Ç	ن	U	

PAGE ____OF ____ADDITIONAL PAGES

(A) Name (Lis	t all employees who received mon myour organization and any affilia	re than \$10,000 in to tes. Use all capital l	tal disbursements letters.)	Gross S (before tax	Salary res and	<u></u>			Disbursements for Official		Other			
	(Enter employee's job title.)			other ded	uctions)	Allowances		Business			Disbursements		Total	
(C) Name of	Affiliated Organization	(if applicable)		(D)		(E	=)		(F)		(G)	((H)	
Last Name		First Name			0		Ç							
Position		-	-		Ŭ	-						-		
Name of Affiliated Organization		-												
Last Name		First Name			0	-		-	•					
Position			-			-	· .							
Name of Affiliated Organization			-					_				:		
Last Name		First Name	-	-	<u></u>		5							
Position	-		. : :	-	J	-	J.				ā	1		
Name of Affiliated Organization			-											
Last Name		First Name	-		0	-	0	-)	- - -			
Position					-	-	٠							
Name of Affiliated Organization														
Last Name	-	First Name			C	- .	C	-			r			
Position							V.							
Name of Affiliated Organization					:									
			Totals											

ORGANIZATION NAME:

INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCA

ENDING DATE OF PERIOD COVERED

12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

PAGE 13 OF 26

ADDITIONAL PAGES

(A) Name (List all employees who received more from your organization and any affiliates (B) Position (Enter employee's job title.)		1 100.0	er de	axes duct	ary and ions)		Allo		ces	Disbursements for Official Business	Other Disbursements	Total	
(C) Name of Affiliated Organization (#	applicable)		(D	')		(E)			(F)	(G)	(H)		
Last Name	First Name	İ											
SCEWARIZ	s.	7	5	8 !	5 3	2	2	4	1 0	C	C	982	6 3
Position BUS. REP	•												
Name of Affiliated $N \neq A$ Organization													
Last Name	First Name												
VICARI	₫.				Ĉ	2	3	<u> </u>	0 0	C	0	234	0 0
Position B U S . R E P	•												
Name of Affiliated N / A Organization													
Last Name	First Name												
										С	0		0.
Position													
Name cf Affiliated Organization													
Last Name	First Name		•								_		
										0	0		0
Position													
Name of Affiliated Organization													
Last Name	First Name									_	_		
										0	О		0
Position													
Name of Affiliated Organization							_						
	Totals												

DRGANIZATION NAME					
INT'L BROTHERHOOD	ΟF	ELECTRICAL	WORKERS	LOCAL	ŧ
NDING DATE OF PERIOD COVERED:					

FILE NUMBER: 0 0 6 **−** 3 6 7

PAGE ____OF ___ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees was from your organization) (B) Position (Enter employees)	who received more than \$10,000 in total disbursements on and any affiliates. Use all capital letters.) s iob title.)	Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total
(C) Name of Affiliated O		(D)	(E)	(F)	(G)	(H)
Last Name	First Name	O:	၁	C	ე	0
Position Name of Affiliated Organization						
Last Name	First Name	C	0	0	0	0
Position Name of Affiliated Organization						
Last Name	First Name	0.	0	0	C	C
Position Name of Affricated Organization	-					
Last Name	First Name	C	0	0	С	
Position Name of Affiliated Organization						
Last Name	. First Name	0	0	O	0	Ć
Position Name of Affiliated Organization	<u>.</u>					
-	Totals				<u> </u>	

3

ENDING DATE OF PERIOD COVERED: 1 2 - 3 1 - 0 0

PAGE 14 OF 26 ADDITIONAL PAGES

(A) Name (List all employees who received m from your organization and any affil		Gross Salary (before taxes and		Disbursements for Official	Other		
(B) Position (Enter employee's job title.)		other deductions)	Allowances	Business	Disbursements	Total	
(C) Name of Affiliated Organization	1 (if applicable)	(D)	(E)	(F)	(G)	(H)	
Last Name BARABASH	First Name A .	3 5 6 3 4		С	О	35634	
Position () F F I C E		•					
Name of Affiliated $N \neq A$ Organization							
Last Name BURSCH	First Name	17493		0	0	17493	
Position C F F I C E	•	T - = 2 0		Ÿ	O	1 1 4 3 3	
Name of Affiliated M / A Organization							
Last Name C. A. M. P. O. S	First Name	18739		0	0	18739	
Position C I F I C E							
Name of Affiliated N / A Organization							
Last Name C L ○ Ñ	First Name	5 C 4 3 9		0	0	5 0 4 3 9	
Position O F F I C E							
Name of $N \neq A$ Organization							
Last Name C O N D O S	First Name	4 6 8 6 5	:	С	0	46865	
Position C F F I C E							
Name of M / A Affiliated Organization							
	Totals						

ORGANIZATION NAME INTIL BROTHERHOOD	ΟF	ELECTRICAL	WORKERS	LOCAL	£	
ENDING DATE OF PERIOD COVERED.	2:	66				

	\sim		6	2	6	_
FILE NUMBER:	V	v	\circ —	ن	Ü	

PAGE ____OF ___ADDITIONAL PAGES

	who received more than \$10,000 in total disbursements tion and any affiliates. Use all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Position (Enter employee	e's job title.)	other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated C	Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name	0	Ó	O	C	
Position			·			
Name of Affilated Organization						
Last Name	First Name	0	C	O	0	
Position						
Name of Affiliated Organization						
Last Name	First Name	9	0.	0	. O	
Position				-		
Name of Affiliated Organization						
Last Name	First Name	O	0	0	0	
Position						
Name of Affiliated Organization	-					
Last Name	_ First Name	O	C	Ó		
Position					-	
Name of Affiliated Organization			:	:		
· · · · · · · · · · · · · · · · · · ·	Totals			*		

FILE NUMBER: 0 0 6 = 3 6 7

ADDITIONAL PAGES

PAGE 15 OF 26

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

 (A) Name (List all employees who received from your organization and any a. (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization 		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name	First Name	1			` ,	
CONKLIN	E .	60325		0	С	60325
Position O E F I C E Name of Affiliated N / A Organization						
		<u> </u>				
Last Name CORTES	First Name	16047		o	Ç	16C47
Position O F F I C E						
Name of Affiliated No. / Affiliated Organization						
Last Name	First Name	1 2 0 0 2				4 2 2 2
COUSIN Position OFFICE	Α.	13883		0	0	13883
Name of N / A Organization						
E I E L D S	First Name J .	1 9 4 0 4		0	O	19404
Position O F F Ξ C Ξ						
Name of $\left(N \right) = P$ Affiliated Organization						
Last Name G I II L I N	First Name	2 6 9 6 7	:	С	0	26967
Position O F F E C E			•			
Name of \sqrt{N} / \sqrt{N} Affiliated Organization					:	
	Totals			A.F		

3

ORGANIZATION NAME:
BROTHERHOOD OF ELECTRICAL WORKERS LOCAL #
ENDING DATE OF PERIOD COVERED.

12-31-00

FILE NUMBER: 0 C 6 _ 3 6 7

PAGE ____OF ___ADDITIONAL PAGES

(A) Name (List all employees who from your organization at (B) Position (Enter employee's joint (C) Name of Affiliated Organization)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name	First Name	0	0	0	С	0
Position Name of			·			
Affiliated Organization						
Last Name	First Name	0	C	C	C	C
Position						
Name of Affiliated Organization						
Last Name	First Name	C	0	0	Э	C
Position	·					
Name of Affiliated Organization	•					
Last Name	First Name	G	C	C	0	C
Position						
Name of Affiliated Organization						
Last Name	First Name	O	Ö	0	C	C
Position		:				
Affiliated Organization					;	
	Totals					

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 = 3 6 7

PAGE 16 OF 26

ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received m from your organization and any affil	ore than \$10,000 in total disbursements liates. Use all capital letters.)		· · · · · · · · · · · · · · · · · · ·	Disbursements for Official	Other	
(B) Position (Enter employee's job title.)	· · · · · · · · · · · · · · · · · · ·	other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization) (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name GREENBERG	First Name	28504		0	0	28504
Position OFFICE Name of Affiliated IN / A Organization						
HERNANDEZ	First Name	1 0 6 3 0		0	0	10680
Position O F F I C E Name of Affiliated N / A Organization						
Lest Name	First Name	2 2 4 2 5	· · · · · · · · · · · · · · · · · · ·		_	
HCWELL Position OFFICE	т.	3 3 4 3 7		0	O	3 3 4 3 7
Name of Affilated N / A Organization				:		
Last Name JENNINGS	First Name	26101		0	G	26101
Position O F F I C E				:		
Name of $M \neq A$ Affiliated $M \neq A$ Organization						
Last Name LUNDGREN	First Name C •	1 5 9 2 4		0	0	1 5 9 2 4
Position OFFICE						
Name of N / A Affiliated Organization						
	Totals					

3

ORGANIZATION NAMEBROTHERH	OOD	CF	ELECTRICAL	WORKERS	LOCA	. #
ENDING DATE OF PERIOD COVERED:	12-	31-	00			

FILE NUMBER: 0 0 6 _ 3 6 7

PAGE ____OF ___ADDITIONAL PAGES

(A) Name (List all employees from your organization)	who received more than \$10,000 in total disbursements tion and any affiliates. Use all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Position (Enter employee		other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated C	Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name	0	0	0	o	
Position						
Name of Affilated Organization						
Last Name	First Name	0	0	0	0	
Position						
Name of Affiliated Organization	<u>,</u>					
Last Name	First Name	0	С	G	9	
Position						
Name of Affiliated Organization						
Last Name	First Name	O	0	C	C	
Position			,			
Name of Affiliated Organization	•					
Last Name	_ First Name	O'	0	0	0	
 Position						
Name of Affilated Organization						
	Totals				·· 7.	

ORGANIZATION NAME:
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL

ENDING DATE OF PERIOD COVERED: 12-31-00 FILE NUMBER: $0 \ 0 \ 6 \ - \ 3 \ 6 \ 7$

PAGE 17 OF 26

ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more from your organization and any affiliate (B) Position (Enter employee's job title.)	than \$10,000 in total disbursements es. Use all capital letters.)	Gross Salary (before taxes and other deductions)	Allowances	Disbursements for Official Business	Other Disbursements	Total	
(C) Name of Affiliated Organization (f applicable)	other deductions) (D)	Allowances (E)	(F)	(G)	(H)	
Last Name	First Name			<u> </u>			
MARCANO	1 .	2 4 C 6 9		0	C	2 4 C	6 9
Position C F F I C E							
Name of Affiliated $ar{N} \neq ar{A}$ Organization							
Last Name	First Name						•
MCFOY	e .	3 4 0 5 0		0	0	3 4 0	5 0
Position O F F I C E							
Name of Affiliated N / A Organization							
Last Name	First Name						
MCGASKEY	Ð.	1 1 2 8 8	:	C	0	1 1 2	8 8
Poston O F F I C E							
Name of Affiliated $N \neq A$ Organization					-		
Last Name MOQUIN	First Name	12775		O O	0	127	7 6
	14 •	22,13		,	\ 	127	, ,
Position OFFICE				ļ			
Name of N / A Affiliated N / A Organization							
Last Name MUSMANNO	First Name	2 3 8 6 8		0	0	2 3 8	ნ 8
Position OFFICE		· ·			Ĭ		
Name of N / A Affiliated Organization	:						
	Totals						

3

ORGANIZATION NAME: INT'L BROTHERHOOD OF	ELECTRICAL	WORKERS	LCCAL	#
ENDING DATE OF PERIOD COVERED: 12-31-	.00			

NUMBER:	Э	C	6	_ 3	6	7
MOMBER:	_	~	•		•	

PAGE ____OF ____ADDITIONAL PAGES

	- DISDUNSLINENTS TO I		#* ***********************************			
	who received more than \$10,000 in total disbursements atton and any affiliates. Use all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Position (Enter employed	e's job title.)	other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated (Organization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name	0	С	0	C	(
Position						
Name of Affiliated Organization						
Last Name	First Name	O	0	0	0	(
Position						
Name of Affiliated Organization						
Last Name	First Name	O	0) i	0	(
Position						
Name of Affiliated Organization					:	
Last Name	First Name	0	0	C	0	
Position	•					
Name of Affiliated Organization						
Last Name	First Name	0	Э	C.	0.	(
Position						
Name of Affiliated Organization						
	Totals					

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

PAGE 18 OF 26

ADDITIONAL PAGES

(A) Name (List all employees who received mor from your organization and any affilia	re than \$10,000 in total disbursements tes. Use all capital letters.)			Disbursements for Official	Other	<u>. </u>
(B) Position (Enter employee's job title.)		other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization	(if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name NAPOLITANO	First Name	22035		C	0	2 2 0 3 5
Position O F F I C E					V	2 2 5 5 5
Name of Affiliated M / A Organization						
Last Name	First Name					· · · · · · · · · · · · · · · · · · ·
REGINA	E .	27140		Э.	0	27140
Position C F F I C E	:					
Name of Affiliated N / A Organization						
Last Name	First Name					
RENNA	м.	61095		С	0	6 1 0 9 5
Position O E E E C E						
Name of Affiliated $N \neq \Delta$ Organization						
Last Name RIPARI	First Name	56353		o '	0	56353
Position O F F I C E				· ·	Ĭ	
Name of Affiliated N / A Affiliated N / A Organization						
Last Name RIVERA	First Name	15921		0	0	15921
	υ •					1 3 3 2 1
Position O F F I C E Name of N / A Affiliated N / A Organization						
	Totals					

ORGANIZATION NAME: INT'L B		ΟΞ	ELECTRICAL	WORKERS	LOCAL	쓡
ENDING DATE OF PERK	OD COVERED:	31-	00			

FILE NUMBER: 0 0 6 _ 3 6 7

PAGE ____OF ___ADDITIONAL PAGES

(A) Name (List all employees from your organizati	who received more than \$10,000 in total disbursements ion and any affiliates. Use all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Position (Enter employee		other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated O	rganization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name	0	O.	0	0	G
Position						
Name of Affiliated Organization						
Last Name	First Name	0	0	0	0	C
Position						
Name of Affiliated Organization	:					
Last Name	First Name	C	G ⁻	Ç	C	C
Position						
Name of Affiliated Organization						
Last Name	. First Name	0	0	0	0	0
Position						
Name of Affiliated Organization						
Last Name	First Name	0	O.	0	0	0
Posttion						
Name of Affiliated Organization						
	Totals					

ORGANIZATION NAME.
INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: $0 \ 0 \ 6 \ = \ 3 \ 6 \ 7$

PAGE 19 OF 26 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received mor from your organization and any affilia	re than \$10,000 in total disbursements tes. Use all capital letters.)	Gross Salary (before taxes and		Disbursements for Official	Other	<u> </u>
(B) Position (Enter employee's job title.)		other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Organization	(if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name ROSALIA	First Name	37032		0	C	37032
Position () F F I C E Name of Affiliated N / A Organization						
Last Name S. A. B. O.	First Name	19062	-	0	0	19062
Position OFFICE Name of Affliated N / A Organization						
SANFILIPPO Postion OFFICE Name of No. 1 / 7	First Name R. •	23403		0	0	2 3 4 0 3
Name of Affiliated N / A Organization Last Name S C H A E E E R Position O F F I C E	First Name M	3 8 7 1 8	1, 4 , 1	0	O	38718
Name of N / A Affinated Organization	Fort Name					<u></u>
Last Name S C H L O S S Position O F F I C E Name of N / A Affiliated Organization	First Name	3 3 3 3 1		0	0	3 3 3 3 1
	Totals					

3

ORGANIZATION NAME BROTHERHOO	D OF	ELECTRICAL	WORKERS	LOCA
ENDING DATE OF PERIOD COVERED.	-31-	-00		

FILE NUMBER: 0 0	6	_ 3	6	7
------------------	---	-----	---	---

PAGE ____OF ___ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

	o received more than \$10,000 in total disbursements n and any affiliates. Use all capital letters.)	(DOIOIC LANCO MILA		Disbursements for Official	Other	
(B) Position (Enter employee's	iob title.)	other deductions)	Allowances	Business	Disbursements	Total
(C) Name of Affiliated Org	ganization (if applicable)	(D)	(E)	(F)	(G)	(H)
Last Name	First Name	0	C.	0	O	C
Position						
Name of Affiliated Organization	- :					
Last Name	First Name	0	0	0	0	C
Position						
Name of Affriated Organization						
Last Name	First Name) i	0) i	C	
Position	• •	, i	Ů		Ů	
Name of Affi:lated Organization						
Last Name	First Name	0	0	0	0	
Position						
Name of Affil⊧ated Organization					:	
Last Name	. First Name	O	 Oj	0	0	0
Position						
Name of Affiliated Organization						
	Totals					

3

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 = 3 6 7

PAGE 20 OF 26 ADDITIONAL PAGES

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	
						Total
						(H)
Last Name S I L. S O N	First Name	18858		9	C	18858
Position O F F I C E						
Name of Affiliated $N \neq A$ Organization						
Last Name SUCHY	First Name	2 0 4 3 4		0	С	20434
Position (C. F. F. I. C. E. Name of Affiliated I. / A. Organization						
Last Name TORRES	First Name	29048		0	0	2 9 C 4 8
Position O F F I C E Name of N / A Organization						
Last Name WALDEN	First Name	25331		0	0	2 5 3 3 1
Position O F F I C E Name of N / A Affiliated Organization						
Last Name WRYNN	First Name	4 2 0 9 5		О	0	4 2 C 9 5
Position O E F I C E Name of N / A Affiliated Organization						
	Totals					

ORGANIZATION, NAME BROTHERHOOD OF ELECTRICAL WORKERS LOCAL ENDING DATE OF PERIOD COVERED:

12-31-00

FILE NUMBER: 0 0 6 _ 3 6 7

PAGE ____OF ___ADDITIONAL PAGES

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)			Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)							
							Last Name	First Name	0	0))	С	С
							Position Name of Affiliated Organization						
Last Name	First Name	0	0	0	0	0							
Position Name of Affiliated Organization													
Last Name	First Name	0	O	O	0	С							
Position Name of Affiliated Organization													
Last Name	First Name	0	C	Ö	C	0							
Position Name of Affiliated Organization													
Last Name	First Name	C	0	O	0	О							
Position Name of Affiliated Organization													
	Totals												

ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 0 0 6 - 3 6 7

PAGE 21 OF 26

ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

	(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		<u> </u>	Disbursements for Official	Other		
(B) Position (Enter employee's job title.)		(before taxes and other deductions)	Ailowances	Business	Disbursements	Total	
(C) Name of Affiliated Organization (if applicable)		(D)	(E)	(F)	(G)	(H)	
Lest Name M C S P E D O N	First Name	2 1 2 9 1				21291	
Position \mathbb{C} \mathbb{F} \mathbb{F} \mathbb{I} \mathbb{C} \mathbb{E}							
Name of Affiliated $N \neq A$ Organization					į.		
Last Name	First Name					C	
Pos.tion						,	
Name of Affiliated Organization							
Last Name	First Name					0	
Position							
Name of Affriated Organization							
Last Name	First Name					0	
Position			-				
Name of Affilated Organizaton							
Last Name	First Name	4				· · · · · · · · · · · · · · · · · · ·	
Position						ļ	
Name of Affiliated Organization							
	Totals						

ORGANIZATION NAME: INT'L BROTHERHOOD OF	ELECTRICAL	WORKERS	LCCAL	#	(
ENDING DATE OF PERIOD COVERED:	2.2				

FILE NUMBER:	J	U	° _	. 3	Ó	1

PAGE	OF	ADDITIONAL	PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees v	who received more than \$10,000 in total disbursements on and any affiliates. Use all capital letters.)	Gross Salary		Disbursements	Other	
(B) Position (Enter employee's job title.)		(before taxes and other deductions)	Allowances	for Official Business	Other Disbursements	Total
(C) Name of Affiliated O		(D)	(E)	(F)	(G)	(H)
Last Name	First Name					
Position						
Name of Affilated Organization						
Last Name	First Name					·,·
Position						
Name of Affiliated Organization						
Last Name	First Name					
Position			•			
Name of Affiliated Organization						
Last Name	First Name					"
Position						
Name of Affiliated Organization						
Last Name	. First Name		:			
Position						
Name of Affiliated Organization						
	Totals					

LOCAL UNION NO. 3 OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO YEAR ENDED DECEMBER 31, 2000 FILE NUMBER 006-367

Altachment to form LM-2 Item 25 – Reconciliation of Cash

Statement A, Item 25, Column A – Cash, start of reporting period	\$ 1,699,716
Statement B, Item 55 - Total Receipts	33,153,844
Statement B, Item 74 - Total Disbursements	(32,296,963)
Amount included as cash in Item 25, Column A representing a cash disbursement made by Local 3 in 1999 to its subsidiary, Local 3 Realty for rent, which was recorded as a receivable on the subsidiary's books.	(8,028)

\$ 2,518,569

Statement A, Item 25, Column B - Cash, end of reporting period



LOCAL UNION NO. 3 OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO YEAR ENDED DECEMBER 31, 2000
FILE NUMBER 006-367

Attachment to form LM-2 Item 75 - Additional Information

Item 10: Subsidiary Organization

- Electrical Workers Local 3 Realty Corporation 200 Bloomingdale Road White Plains, New York 10605

Title Holding Corporation

The information concerning this subsidiary has been consolidated into this LM-2 under method (1).

Item 11: Participation in Creation and Administration of Trust

Purpose	Provide pension, health and welfare benefits.	Provide annuity and death benefits.	Provide annuity benefits.	Provide annuity and death benefits.	Provide scholarships and related cultural progams.	
Name of Trust	- Employees Security Fund of the Electrical Products Industries 13-6100907	- Annuity Plan of the Electrical Industry Plan No. 003 13-0891035	- Additional Security Benefits Plan Of the Electrical Industry	- Annuity Plan of the Electrical Products Industries 13-6097288	- Educational and Cultural Trust Fund of the Electrical Industry	

All of the above are located at 158-11 Harry Van Arsdalc Jr. Avenue, Flushing, NY 11365

Item 14: Audit of Books and Records

The Local's financial statements have been audited by Thomas Havey LLP, an outside accounting firm.

			-
			•

File Number:

006-367

Period End Date:

12-31-2000

SCHEDULE 2 -- INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

PAGE 3 OF 26

Description	Amount
(A)	(B)
Marketable Securities	
(a) BT INSTITUTIONAL LIQUID ASSETS FUND	2,538,134
	0
	0
	0
<u> </u>	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
<u> </u>	0
	0
Other Investments	
	0
	0
<u> </u>	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
· · · · · · · · · · · · · · · · · · ·	0
	0
	0
	0
	0
	0
otal Investments (other than US Treasury Securities)	2,538,134

Period End Date:

. .. .

12-31-2000

File Number:

006-367

PAGE 4 OF 26

SCHEDULE 3 - OTHER ASSETS

Description Description	Amount
(A)	(B)
1. Prepaid Expenses	33,411
2. Other Receivables	46,726
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other	r Assets - Other 80,137
rotal Otto	7,000,00

•		

Period End Date:

12-31-2000

SCHEDULE 4 -- OTHER LIABILITIES

File Number:

006-367

PAGE 5 OF 26

	Amount at
Description	End of Period
(A)	(B)
1. IBEW Per Capita Payable	272,212
2. Due to Electrical Workers Death Benefit Society	46,693
Deferred Dues - Military Service Funds	412,881
4. Due to Broker	525,847
	0
	Ó
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	. 0
Total Other Liabilities - Other	1,257,633

12-31-2000

Period End Date:

File Number:

006-367

PAGE 60F 26

SCHEDULE 5 -- FIXED ASSETS

		Total		
	Cost or	Depreciation or	Book	Fair Market
Description	Other Basis	Amount Expensed	Value	Value
(A)	(B)	1 (0)	(D)	(E)
1. Land (give location):			,	
200 Bloomingdale Road, White Plains, NY 10605	287,000		287,000	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0	조스 사용 중심	0	N/A
			0	N/A
	0_		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
	0		0	N/A
Total Other Land	287,000		287,000	N/A
Buildings (give location): 200 Bloomingdale Road, White Plains, NY 10605	555,488	424 400	124 200	N/A
200 Bloomingdale Road, vynite Plains, NY 10605	000,488	431,100	124,388	N/A N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
· · · · · · · · · · · · · · · · · · ·	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
<u> </u>	0	0	. 0	N/A
	0	Ö	0	N/A
	0	0	0	N/A
	0	0	0	N/A
	0	0	0	N/A
Total Other Buildings	555,488	431,100	124,388	N/A

Period End Date:

Organization Name: INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

12-31-2000

File Number:

006-367

PAGE 7 OF 26

SCHEDULE 6 -- SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location)	Cost	Book	Gross Sales	Amount
		Value	Price	Received
(A)	(B)	(C)	(D)	(E)
1. Short-term investments Fund	6,079,594	6,079,594	6,079,594	6,079,594
2. US Treasury Securities	2,506,928	2,506,928	2,475,000	2,475,000
3. Federal Agency Obligations	415,647	415,647	415,962	415,962
4. Corporate Bonds	1,748,656	1,748,656	1,717,686	1,717,686
5. Israel Bonds	99,996	99,996	100,000	100,000
	0	0	0	0
	0	0	0	0
	0	. 0	0	0
	0	. 0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
·	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Tatal ather sales	0	0.	0	0 700 242
Total other sales	10,850,821	10,850,821	10,788,242	10,788,242

File Number:

006-367

Period End Date:

12-31-2000

SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS

PAGE 8 OF 26

Description (if land or buildings, give location)	Cost	Book Value	Cash Paid
(A)	(B)	(C)	(E)
1. Short-term investment Funds	8,252,249	8,252,249	8,252,249
2. US Treasury Securities	3,340,551	3,340,551	3,340,551
3. Federal Agency Obligations	916,890	916,890	916,890
4. Corporate Bonds	1,726,949	1,726,949	1,726,949
5. Office Furniture & Fixtures	61,844	61,844	61,844
6. Computer	15,101	15,101	15,101
		··· · · · · · · · · · · · · · · · · ·	
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0 0 0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	Ö	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	. 0	0
	0	0	0
	0	. 0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
·	0	0	0
	0	0	0
	0	0	0
	0	0	0
	0	0	0
Purchase of Investments and fixed assets - Other	14,313,584	14,313,584	14,313,584

	•	

File Number:

006-367

Organization Name: INT'L BROTHERHOOD OF ELECTRICAL WORKERS LOCAL # 3

Period End Date:

12-31-2000

PAGE 22 OF 26

SCHEDULE 11 - BENEFITS

Description	To Whom Paid	Amount
(A)	(B)	(C)
Overage Benefits	Members	35,274
2. Pension Benefits	Trust Funds	1,781,493
3. Health and Wealfare	Insurance Companies and Trust Funds	290,250
Scholarships to Member's Children	Educational Institutions	23,340
5. Honor 50 & 60 Year Membership	Retired Members	33,256
		0
		0
		Ö
		Ō
		0
		0
		0
		0
		0
		Ö
		0
		0
		0
	· · · · · · · · · · · · · · · · · · ·	0
		0
		0
		0
		0
		Ö
		0
<u> </u>		0
		0
		0
		0
		0
		0
,		0
		0
		0
		0
		0
		0
		0
Total Ben	nefits - Other	2,163,613

·			

Period End Date:

12-31-2000

SCHEDULE 12 CONTRIBUTIONS, GIFTS & GRANTS - Other

Description	Amount
(A)	(B)
	0
Political and Charitable Contributions	31,000
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
1	0
	0
	0
	0
	0
Total Contributions, gifts, & grants - other	31,000

File Number:

006-367

PAGE 23 OF 26

Period End Date:

12-31-2000

SCHEDULE 13 - OFFICE AND ADMINISTRATIVE EXPENSE - Other

Description	Amount
(A)	(B)
1. Data Processing and Maintenance	68,195
2. Real Estate Taxes	42,081
3. Subscriptions and Periodicals	19,167
4. Stationery & Printing	8,160
5. Office Supplies & Expenses	168,196
6. Postage & Mailing	155,859
7. Telephone	113,714
8. Insurance	55,952
9. Repairs & Maintenance	47,420
10. Utilities	50,063
11. Cleaning & Maintenance	5,052
12. Rent	510,051
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Office & Administrative Expense - other	1,243,910

File Number:

006-367

PAGE 24 OF 26

Period End Date:

12-31-2000

SCHEDULE 14 -- OTHER RECEIPTS - Other

Description	Amount
(A)	(B)
1. Refund of Premiums	12,223
2. Refund of Committee Expense	10
3. Refund of Health Premiums	12,039
4. Refund for Returned Office Supplies	16,496
5. Reimbusement of Retirement Plan Expense	109
6. Reimbursement of Delegates Expense	42
7. Refund of Subscriptions and Periodicals Expense	186
8. Refund of Legal Fees	7,020
9. Refund of Special Events Expense	95,384
10. Reimbursement of Honor Member Expense	515
11. Refund of Accounting Expense	6,500
12. Reimbursement of Telephone Calls	17
13. Refund of Dues to Various Organizations	110
14. Reimbursement of Payroll	9,446
15. Security Deposits	1,839
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other receipts - other	161,936

File Number:

006-367

PAGE 25 OF 26

				,	

Period End Date:

12-31-2000

SCHEDULE 15 -- OTHER DISBURSEMENTS - Other

Description	Amount
(A)	(B)
1. Committee Expense	49,451
2. Delegates Expense	43,135
3. Executive Board and Examination Fees	8,299
4. Special Events	729,561
5. Organizing Expenses	87,407
6. Election Expenses	2,321
7. Labor Day Activities	111,104
8. Dues to Various Organizations	256,593
Disburs. Of Payroll Deductions From Employees	514,720
10. Deferred Dues - Military Service Funds	19,304
11. Construction Assessment	46,717
12. Temporary Help	33,563
13. Transfer of Local 3 Realty earnings	100,571
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total Other Disbursements - other	2,002,746

File Number:

006-367

PAGE 26 OF 26